

## Foster Family Home - Corrective Action Report

Provider ID: 1-180025

Home Name: Shanelle Baxa, CNA

Review ID: 1-180025-2

2115 A Gertz Lane

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 3/20/2019

### Foster Family Home

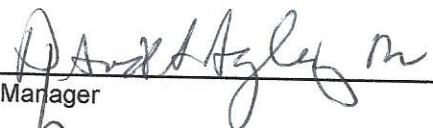
### Required Certificate

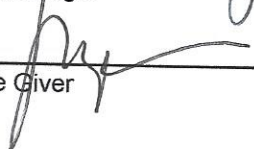
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 3/20/19. PCG requests to increase to a 3 client CCFFH.  
6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

3/20/19  
Date

03/20/19  
Date